



WELCOME

ABOUT YOUR CHILD

Patient Name: _____
What you prefer to be called: _____ Sex: M F
Birthdate: __/__/____ Age: ____
Mailing Address: _____
City: _____ State: _____ p/code: _____
Home Phone: _____ Work: _____
Mobile: _____
Email: _____
Referred by: _____
Employer: _____ How long? _____
Occupation: _____

EMERGENCY

Whom should we contact? _____
Relation: _____
Home #: _____ Work #: _____
Mobile #: _____
Who is your medical doctor? _____
Doctors phone #: _____

INSURANCE

Are you in a private Health Fund? Y N
Are you covered for dental? Y N (skip this section if not)
Fund name: (eg, HCF, BUPA) _____
Membership #: _____ Ref #: _____

For records only - we do not bulk bill

Medicare #: _____
Ref #: _____ Exp Date: _____

DENTAL INFO

Main reason for visit: _____
Are you in any pain? _____ For how long? _____
Are you experiencing any dental problems? (circle)
Discomfort Clicking jaw Lost/broken filling
Blisters Grinding Snoring
Chipped tooth bad breath bleeding gums
sensitivity locking jaw ringing in ears
other: _____
Last exam: _____ Last clean: _____
Times a day you Brush: _____ floss: _____
Have you had orthodontic treatment? Y N
Do you have any dental concerns regarding your
child? _____

MEDICAL INFO

What medications is your child taking?: (including vitamins)

Please list any surgeries or medical conditions
your child has or have had:

Is he/she allergic to any medication?: Y N

Is he/she allergic to latex or metals? _____
Have they ever had any of the following?: (circle)
Heart problems Diabetes Epilepsy
High/low blood pressure Cancer Tonsil removal
Arthritis Migraines Eye Disease
Stroke Birth Defect HIV/AIDS

The above information is accurate and complete to the best of my knowledge and is only for use in my treatment, billing and processing of insurance for benefits for which I am entitled. I accept responsibility for payment of all dental services. I will not hold my dentist or any member of his/her staff responsible for any errors or omissions that I may have made in the completion of this form.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Parent/Guardian Name: _____ Signed: _____ Date: ____/____/____